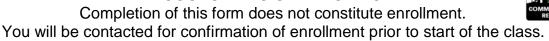


Riverside City

Community Emergency Response Team







	LAST	FIRST			M.I.		
NAME							
ADDRESS							
			ZIP				
CITY							
HOME PHONE :			CELL PH	IONE :			
WORK PHONE :		E-MAIL:					
ORGANIZATION OR COMMUNITY GROUP				Birth date	Month	Day	Year
Felony Convictions Yes No	Must be at least 16 yrs. old, under 18 yrs. must have signed consent form from parent or legal guardian						

COURSE INFORMATION

(Check which session you wish to attend)

APPLICANT INFORMATION PLEASE PRINT NEATLY

$\sqrt{}$	SESSION	COURSE TYPE	LOCATION	DATES AND TIMES
	January 2012 Class	20-Hour Basic	Riverside City Emergency Operations Center	Tues. January 10, 2012 6:00 pm - 9:00 pm Thurs. January 12, 2012 6:00 pm - 9:00 pm Tues. January 17, 2012 6:00 pm - 9:00 pm Thurs. January 19, 2012 6:00 pm - 9:00 pm Sat. January 21, 2012 8:00 am - 5:00 pm

Do you require special accommodations for a disability? If so, please describe accommodations requested below:

Class Schedule Subject To Change Without Notice

COURSE FEE: The Course Fee per person is \$15.00 and must accompany your registration. Checks should be made payable to "City of Riverside". Course fee is not refundable.

MAIL COMPLETED REGISTRATION FORM WITH PAYMENT TO:

City of Riverside Fire Department Office of Emergency Management 3085 St. Lawrence St, Riverside, CA 92504 PHONE (951) 320-8100 FAX (951) 320-8102 Or email: rivcitycert@riversideca.gov

http://www.riversideca.gov/readyriverside/cert/